

# APPENDIX A. Survey Form

**Form Approved: O.M.B. Number 41-575075**

**Form TC-200 (11-81-77)** U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS

**TRUCK INVENTORY AND USE SURVEY**  
1977 CENSUS OF TRANSPORTATION

**INSTRUCTIONS**  
In correspondence pertaining to this report, please include State and license number and the control number shown in the address label. Return the form in the enclosed preaddressed envelope not later than 15 days after receipt.

**RETURN TO** Bureau of the Census  
1201 East Tenth Street  
Jeffersonville, Indiana 47132

(Please correct any error in name and address including ZIP code)

**Section A - VEHICLE IDENTIFICATION AND USE**

**Item 1 - VEHICLE IDENTIFICATION** (Please correct any errors or omissions in the identification of the vehicle)

Make	Year of model	Registered weight or capacity	State	License number	Vehicle identification number

**NOTE:** Please complete this form whether or not you are still the owner of the vehicle identified in item 1.

**Item 2 - OWNERSHIP OF VEHICLE**  
Are you still the owner (or license holder) or lessee of this vehicle?  
1 ☐ Yes  
2 ☐ No → When did you sell, trade, or otherwise dispose of it? →

Month	Year

**Item 3 - ACQUISITION OF VEHICLE**  
a. How did you acquire this vehicle?  
1 ☐ Purchased new  
2 ☐ Purchased used  
3 ☐ Leased from someone else

Month	Year

b. When did you acquire this vehicle? →

c. During past 12 months was this vehicle leased or rented to others?  
1 ☐ Yes  
2 ☐ No

d. How was this vehicle leased or rented?  
1 ☐ Without driver  
2 ☐ With driver (or as owner operator)

**Item 4 - LEASE CHARACTERISTICS**  
a. Was the lessee -  
1 ☐ Private (non-government)?  
2 ☐ Unit of government?  
b. What is the length of lease or rental agreement?  
1 ☐ Less than 30 days  
2 ☐ 30 days to 1 year  
3 ☐ 1-3 years  
4 ☐ More than 3 years  
c. Does your agreement include -  
1 ☐ Financing?  
2 ☐ Maintenance?  
3 ☐ Procurement and sale?

**Item 5 - CLASSIFICATION OF OPERATOR**  
Mark (X) the box which is the most appropriate for your type of operation  
Not for hire -  
1 ☐ Private owner or an individual, or company which just transports its own materials or merchandise. Includes an individual or a business such as a bakery, oil company, or soft drink bottler.  
For hire -  
2 ☐ Interstate - exempt carrier (not required to have an I.C.C. certificate because only exempt commodities are transported, such as: fresh agricultural products, fish, newspapers, or air freight haulage)  
3 ☐ Interstate - I.C.C. certified contract carrier (carrying the goods of other than the owner by individual contract or agreement)  
4 ☐ Interstate - I.C.C. certified common carrier (offering service to the general public, usually operating a regularly scheduled service between established terminals over a more or less regular route)  
5 ☐ Intrastate - operating only within the State of registration (including local cartage, hauling between locations in the same town, city, or suburb)

**Item 6 - MAJOR USE OF THE TRUCK OR COMBINATION**  
How was the vehicle mostly used during the past 12 months? Mark (X) ONE box.  
If the vehicle was leased to someone else mark (X) ONE box that describes the business of the person or company to whom you leased the vehicle the longest time.  
01 ☐ On farm or ranch, or other agricultural activity  
02 ☐ In forestry or lumbering  
03 ☐ In mining or quarrying  
04 ☐ In construction - buildings, or roads  
05 ☐ In manufacturing, refining, or processing  
06 ☐ In wholesale trade  
07 ☐ In retail trade  
08 ☐ For hire transportation - mixed or general cargo  
09 ☐ In utilities - telephone, electric, gas, etc.  
10 ☐ In services - hotel, automobile repair, laundry, funeral services, advertising, plumbing, refuse collection, repair, etc.  
11 ☐ Daily rental or short term lease, without driver  
12 ☐ For personal transportation - used in place of an automobile to go from home to work, for outdoor recreation (camping, etc.)  
13 ☐ Other - If none of the above applies to the use you make of the vehicle, describe the main use of the vehicle here.

**Item 7 - PRODUCTS CARRIED**  
a. Principal products carried during past 12 months  
Mark (X) ONE box which indicates products usually carried by this vehicle  
01 ☐ Farm products (crops and fruits, raw milk, etc.)  
02 ☐ Live animals (horses, livestock, poultry or other animals)  
03 ☐ Mining products  
04 ☐ Logs and other forest products  
05 ☐ Processed foods (dressed meat, beverages, dairy products, etc.) or tobacco  
06 ☐ Textile mill products including apparel and leather goods, etc.  
07 ☐ Building materials (lumber, millwork, sand, gravel, glass, concrete, etc.)  
08 ☐ Household goods (moving)  
09 ☐ Furniture or hardware (not including household goods moving)  
10 ☐ Paper products, including printing and publishing products  
11 ☐ Chemicals or related products, including drugs, paints, fertilizers, etc.  
12 ☐ Petroleum or petroleum products  
13 ☐ Primary metal products (ingots, billets, pipes, sheets, etc.)  
14 ☐ Fabricated metal products (except machinery and transportation equipment)  
15 ☐ Machinery, except electrical  
16 ☐ Electrical machinery, equipment, and supplies, including household appliances  
17 ☐ Transportation equipment (motor vehicles, trailers, boats, motorcycles, etc.)  
18 ☐ Scrap, refuse, or garbage  
19 ☐ Mixed cargoes  
20 ☐ Craftsman's vehicle, such as plumbers, carpenters, "traveling workshops," etc.  
21 ☐ Special equipment such as a crane, compressor, winch, drilling rigs, etc.  
22 ☐ No products carried (personal transportation)  
23 ☐ Other - Describe  
b. Secondary product carried (if applicable)  
Of the list above, what would you consider to be the secondary product most carried by this vehicle? → Code No.

**Item 8 - HAZARDOUS MATERIALS**  
a. Was this truck (or combination) used to haul hazardous materials during the past 12 months in quantities large enough to require a placard under the Code of Federal Regulations, Title 49, Transportation?  
2 ☐ No - SKIP to Item 9  
1 ☐ Yes - Continue with b  
b. Approximately what percent of the time was this unit used to haul hazardous materials?  
1 ☐ Less than 25%  
2 ☐ 25-49%  
3 ☐ 50-74%  
4 ☐ 75-100%

**Section B - OPERATIONAL CHARACTERISTICS**

**Item 9 - BASE OF OPERATION**  
a. What was the principal place from which this vehicle was operated?  
City or town  
County  
State  
b. What percentage of the miles traveled by this vehicle was within the State named in item 9a?  
1 ☐ Below 25%  
2 ☐ 25-49%  
3 ☐ 50-74%  
4 ☐ 75-100%

**Item 10 - NUMBER OF TRUCKS, TRUCK-TRACTORS AND TRAILERS OPERATED FROM "BASE OF OPERATION"**  
How many trucks, truck-tractors and trailers are you operating from base named in item 9a?  
a. Pickups, vans (panels), multi-stops  
b. Other straight trucks  
c. Truck-tractors  
d. Trailers (semi- and full trailers)  
Total number

**CONTINUE ON REVERSE SIDE**

## APPENDIX A—Continued

Section B — OPERATIONAL CHARACTERISTICS — Con.		Section C — PHYSICAL CHARACTERISTICS — Con.		Section C — PHYSICAL CHARACTERISTICS — Con.	
<b>Item 11 — AREA OF OPERATION</b> Where was this vehicle mostly operated? Mark (X) ONE box only 1 <input type="checkbox"/> Mostly in the local area (in or around the city and suburbs or within a short distance of the farm, factory, mine, or place vehicle is stationed) 2 <input type="checkbox"/> Mostly over-the-road (beyond the local area) but not usually more than 200 miles one way to the most distant stop from the place vehicle is stationed 3 <input type="checkbox"/> Mostly over-the-road trips that are usually more than 200 miles one way to the most distant stop from the place the vehicle is stationed 4 <input type="checkbox"/> Mostly off-the-road operations as is usually associated with construction and farming operations		<b>Item 21 — TYPE AND SIZE OF BODY</b> Indicate both body type and body size BODY TYPE Mark (X) ONE box to describe the type of the truck or combination. If the power unit is a truck-tractor, report body type of the combination most frequently used with the power unit. (a) 01 <input type="checkbox"/> Pickup truck 02 <input type="checkbox"/> Panel truck or van 03 <input type="checkbox"/> Multi-stop or walk-in 04 <input type="checkbox"/> Does this pickup, panel, multi-stop or walk-in truck have 4-wheel drive? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No 05 <input type="checkbox"/> What is the number of axles on vehicle? 1 <input type="checkbox"/> Two 2 <input type="checkbox"/> Three 06 <input type="checkbox"/> Is this pickup, panel, multi-stop or walk-in truck equipped with a — 1 <input type="checkbox"/> Slide in camper? 2 <input type="checkbox"/> Pickup shell cover? 3 <input type="checkbox"/> Camper body? 4 <input type="checkbox"/> None of above 07 <input type="checkbox"/> Platform with added devices, such as spreaders, dumpers, lifts, etc. 08 <input type="checkbox"/> Low boy or depressed center 09 <input type="checkbox"/> Other platform — including grain flatbed, high bed, stake 10 <input type="checkbox"/> Cattle rack (hogs, calves, and other livestock) 11 <input type="checkbox"/> Insulated non-refrigerated van 12 <input type="checkbox"/> Insulated refrigerated van 13 <input type="checkbox"/> Furniture van 14 <input type="checkbox"/> Open top van 15 <input type="checkbox"/> All other enclosed vans 16 <input type="checkbox"/> Beverage 17 <input type="checkbox"/> Utility (body equipped for mobile repair and service, e.g., telephone line truck, electric utility, etc.) 18 <input type="checkbox"/> Winch or crane other than wrecker (including roll on, roll off) 19 <input type="checkbox"/> Wrecker 20 <input type="checkbox"/> Pole or logging 21 <input type="checkbox"/> Auto transport 22 <input type="checkbox"/> Boat transport 23 <input type="checkbox"/> Mobile home pullers 24 <input type="checkbox"/> Garbage or refuse hauler 25 <input type="checkbox"/> Front loader 26 <input type="checkbox"/> Rear loader packer 27 <input type="checkbox"/> Roll off 28 <input type="checkbox"/> Dump truck or combination		<b>Item 22 — POWERED AXLES</b> How many driving (powered) axles does this vehicle have? Report powered tandem axles as two axles. 1 <input type="checkbox"/> One 2 <input type="checkbox"/> Two 3 <input type="checkbox"/> Three 4 <input type="checkbox"/> Four <b>Item 23 — VEHICLE TYPE</b> Mark (X) ONE box which best describes your vehicle Single unit truck 1 <input type="checkbox"/> Two axle 2 <input type="checkbox"/> Three axle 3 <input type="checkbox"/> Other Truck tractor 4 <input type="checkbox"/> Two axle 5 <input type="checkbox"/> Three axle 6 <input type="checkbox"/> Other <b>Item 24 — AXLE ARRANGEMENT OF TRAILER UNITS</b> Mark (X) ONE box that illustrates the axle arrangement of the trailer unit most frequently used with the power unit. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> If none of the above applies, please indicate total number of axles and trailing units →	
<b>Item 12 — VEHICLE MILES AND MILES PER GALLON</b> ANNUAL MILES a. What are the total miles this vehicle has been driven since past 12 months? (If vehicle was idle for the year, enter "None.") If owned less than 12 months, estimate probable miles for a year. Miles b. What are the total miles this vehicle has been driven since new? (Give speedometer (odometer) reading or, if not indicated by speedometer, give your best estimate.) Miles c. What was the average miles per gallon you received from this vehicle? Miles per gallon d. Is the figure entered in 12c above measured or estimated? 1 <input type="checkbox"/> Measured from records 2 <input type="checkbox"/> Estimated		Length of load space (Feet) (b) 01 <input type="checkbox"/> Less than 7 feet 02 <input type="checkbox"/> 7 and less than 10 03 <input type="checkbox"/> 10 and less than 13 04 <input type="checkbox"/> 13 and less than 16 05 <input type="checkbox"/> 16 and less than 20 06 <input type="checkbox"/> 20 and less than 28 07 <input type="checkbox"/> 28 and less than 36 08 <input type="checkbox"/> 36 and less than 41 09 <input type="checkbox"/> Less than 7 feet 10 <input type="checkbox"/> 7 and less than 10 11 <input type="checkbox"/> 10 and less than 13 12 <input type="checkbox"/> 13 and less than 16 13 <input type="checkbox"/> 16 and less than 20 14 <input type="checkbox"/> 20 and less than 28 15 <input type="checkbox"/> 28 and less than 36 16 <input type="checkbox"/> 36 and less than 41 17 <input type="checkbox"/> 41 and less than 45 18 <input type="checkbox"/> 45 and less than 73 19 <input type="checkbox"/> 73 or more Capacity size (Cubic yds.) 20 <input type="checkbox"/> Less than 20 21 <input type="checkbox"/> 20 to 25 22 <input type="checkbox"/> 26 and over Capacity of dump (water level without side boards) (Cubic yards) 23 <input type="checkbox"/> Under 5 24 <input type="checkbox"/> 5 to 6.9 25 <input type="checkbox"/> 7 to 9.9 26 <input type="checkbox"/> 10 to 11.9 27 <input type="checkbox"/> 12 to 14.9 28 <input type="checkbox"/> 15 to 17.9 29 <input type="checkbox"/> 18 to 19.9 30 <input type="checkbox"/> 20 to 29.9 31 <input type="checkbox"/> 30 or more Liquid capacity of tank (for liquids) (Gallons) 32 <input type="checkbox"/> Less than 1,000 33 <input type="checkbox"/> 1,000 to 1,999 34 <input type="checkbox"/> 2,000 to 2,999 35 <input type="checkbox"/> 3,000 to 3,999 36 <input type="checkbox"/> 4,000 to 5,999 37 <input type="checkbox"/> 6,000 to 7,999 38 <input type="checkbox"/> 8,000 to 11,999 39 <input type="checkbox"/> 12,000 or more Dry bulk capacity (Cubic feet) 40 <input type="checkbox"/> Less than 300 41 <input type="checkbox"/> 300 to 599 42 <input type="checkbox"/> 600 to 899 43 <input type="checkbox"/> 900 to 1,199 44 <input type="checkbox"/> 1,200 to 1,499 45 <input type="checkbox"/> 1,500 or more Capacity of mixer (Cubic yards) 46 <input type="checkbox"/> Less than 6 47 <input type="checkbox"/> 6 to 6.9 48 <input type="checkbox"/> 7 to 7.9 49 <input type="checkbox"/> 8 to 8.9 50 <input type="checkbox"/> 9 to 9.9 51 <input type="checkbox"/> 10 to 10.9 52 <input type="checkbox"/> 11 to 11.9 53 <input type="checkbox"/> 12 or over			
<b>Item 13 — MAINTENANCE</b> a. Was major maintenance (nonroutine) performed on the following equipment of this vehicle during the past 12 months? 1 <input type="checkbox"/> Engine 2 <input type="checkbox"/> Transmission 3 <input type="checkbox"/> Braking system 4 <input type="checkbox"/> Rear axle and differential 5 <input type="checkbox"/> None of the above b. By whom was this major maintenance performed — 1 <input type="checkbox"/> Yourself or own repair shop (set up specifically for maintenance)? 2 <input type="checkbox"/> Truck dealer? 3 <input type="checkbox"/> Factory branch? 4 <input type="checkbox"/> Leasing company? 5 <input type="checkbox"/> Independent garage? 6 <input type="checkbox"/> Other — Describe		<b>Section C — PHYSICAL CHARACTERISTICS</b> <b>Item 14 — GROSS WEIGHT</b> Mark (X) ONE box that is nearest the maximum gross weight in pounds (empty weight of vehicle plus carried load) at which this truck or combination was operated during the past 12 months. (If straight truck report GVW, if combination, report GCW.) 01 <input type="checkbox"/> 6,000 or less 02 <input type="checkbox"/> 6,001 to 10,000 03 <input type="checkbox"/> 10,001 to 14,000 04 <input type="checkbox"/> 14,001 to 16,000 05 <input type="checkbox"/> 16,001 to 19,500 06 <input type="checkbox"/> 19,501 to 26,000 07 <input type="checkbox"/> 26,001 to 33,000 08 <input type="checkbox"/> 33,001 to 40,000 09 <input type="checkbox"/> 40,001 to 50,000 10 <input type="checkbox"/> 50,001 to 60,000 11 <input type="checkbox"/> 60,001 to 80,000 12 <input type="checkbox"/> 80,001 to 100,000 13 <input type="checkbox"/> 100,001 to 130,000 14 <input type="checkbox"/> 130,001 and over <b>Item 15 — TYPE AND SIZE OF ENGINE</b> a. Type of engine Mark (X) ONE box that describes the type of engine used in this vehicle. 1 <input type="checkbox"/> Gasoline 2 <input type="checkbox"/> Diesel 3 <input type="checkbox"/> LPG or other b. Size of engine Mark (X) ONE box that describes the number of cylinders in the engine used in this vehicle. 1 <input type="checkbox"/> Four 2 <input type="checkbox"/> Six 3 <input type="checkbox"/> Eight 4 <input type="checkbox"/> Other c. What is the displacement of the engine in cubic inches? Cubic inches d. What is the horsepower rating of your engine? Horsepower <b>Item 16 — TYPE OF TRANSMISSION</b> Mark (X) ONE box that describes the type of transmission used in this vehicle. 1 <input type="checkbox"/> Manual 2 <input type="checkbox"/> Automatic 3 <input type="checkbox"/> Semiautomatic <b>Item 17 — TYPE OF BRAKING SYSTEM</b> a. Mark (X) ONE box that describes the type of braking system used in this vehicle. 1 <input type="checkbox"/> Hydraulic 2 <input type="checkbox"/> Air 3 <input type="checkbox"/> Other b. Does this system also include the new anti-wheel lock device? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>Item 18 — POWER STEERING</b> Does this vehicle have power steering? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No <b>Item 19 — FUEL CONSERVATION EQUIPMENT</b> Does this vehicle have the following equipment? Mark (X) ALL applicable items 1 <input type="checkbox"/> Radial tires 2 <input type="checkbox"/> Drag reduction device (on top of cab) 3 <input type="checkbox"/> Variable speed fan (clutch type) 4 <input type="checkbox"/> Fuel efficient engine (RPM reduction), etc. 5 <input type="checkbox"/> Axle or drive ratio change <b>Item 20 — AIR CONDITIONING</b> Is this vehicle air conditioned? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No			
<b>Item 25 — CAB TYPE</b> a. Mark (X) ONE box that illustrates the cab type of the power unit. 1 <input type="checkbox"/> Cab forward of engine 2 <input type="checkbox"/> Cab over engine 3 <input type="checkbox"/> Short hood conventional 4 <input type="checkbox"/> Medium hood conventional 5 <input type="checkbox"/> Long hood conventional 6 <input type="checkbox"/> Other — Describe b. Is this cab equipped with a sleeper unit? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No Remarks		<b>Item 26 — PERSON TO CONTACT REGARDING THIS REPORT</b> Name Address (Number and street, city, State, ZIP code) Telephone → Area code Number Extension Fleet number of vehicle <b>Item 27 — CERTIFICATION</b> This report is substantially accurate and has been prepared in accordance with instructions. Signature Title Date			